

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			/			
4						
5						
6						
7				1		
8			/			
9						
10						
11						
12				1		
13			/			
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15						
16						
17				1		
18			/			
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22				1		
23			/			
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27				1		
28			/			
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32				1		
33			/			
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36						
37				1		
38			/			
39						
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41						
42				1		
43			/			
44						
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46						
47				1		
48			/			
49						
50						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		19	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						